



PATENT APPLICATION

hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1-18-05

Date

Cynthia Hagen

Cynthia Hagen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Si Lok, James L. Holloway  
Serial No. : 10/003,356  
Filed : November 15, 2001  
For : HUMAN V2 VOMERONASAL RECEPTOR

Examiner : Brannock, M.  
Art Unit : 1642  
Docket No. : 00-107  
Date : January 18, 2005

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

LETTER

Sir:

Please direct all future correspondence related to the above-identified application to:

Michelle L. Lewis  
ZymoGenetics, Inc.  
1201 Eastlake Avenue East  
Seattle, WA 98102  
(206) 442-6627

Respectfully Submitted,

Gary E. Parker  
Registration No. 31,648



Sample Form (03-04)

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

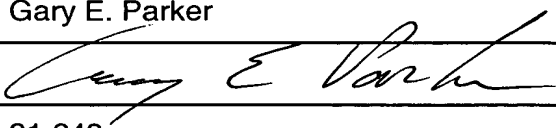
In re Application of: ZymoGenetics, Inc.	
Application No. 10/003,356	
Filed: November 15, 2001	
Title: HUMAN V2 VOMERONASAL RECEPTOR	
Attorney Docket No. 00-107	Art Unit: 1646

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Michelle L. Lewis	36,352

**This is not a Power of Attorney to the above-named practitioner.** Accordingly, the practitioner named above does **not** have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

**SIGNATURE of Practitioner of Record**

Name	Gary E. Parker		
Signature		Date	1/18/05
Registration Number	31,648	Telephone	206-442-6673

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

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